

**SAMPLE PROOF OF SERVICE
(DECLARATION OF SERVICE)**

DECLARATION OF SERVICE BY MAIL (AND FAX)

Case Name/No.: In the Matter of the Appeal of:
(Case name)
File No. AHB-WCA-

I, (your name here), declare that:

I am employed in the County of _____, California. I am over the age of 18 years and not a party to this action. My business address is: (your address here).

I am readily familiar with the business practices of the (name of your company here) for collection and processing of correspondence for mailing with the United States Postal Service. Said ordinary business practice is that correspondence is deposited with the United States Postal Service that same day in (the name of your city here), California.

☒ On (date), following ordinary business practices, I caused a true and correct copy of the following document(s):

(list name(s) of documents here)

to be placed for collection and mailing at the office of (your business address here), California, with proper postage prepaid, in a sealed envelope(s) addressed as follows:

(SEE ATTACHED PARTY SERVICE LIST)

☒ In addition, on (date), I also FAX'ed a copy of said document to all parties where indicated to the FAX number which is printed under each address on this Declaration.

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed at San Francisco, California, on (date).

DATE

(name of person mailing document)

PARTY SERVICE LIST
AHB-WCA-

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Insurance Rating Bureau

Name and Address of Insurance
Company
Tel. No.:
FAX No.:

Insurer